

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/1/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42176

(0)

1. Corporation Name

PLANET WELL, INCORPORATED

Principal Place of Business

420 E. CALL ST.
TALLAHASSEE FL 32301
US

Mailing Address

P.O. BOX 254
TALLAHASSEE FL 32302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

04/21/1994

4. FEI Number

59-3075943

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

YOUNG, LINDA L.
1202 MITCHELL ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME YOUNG, LINDA L.
STREET ADDRESS 1202 MITCHELL ST.
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD
NAME LUDDER, DAVID
STREET ADDRESS 1115 N. GADSDEN
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD
NAME CUMMINGS, JOY
STREET ADDRESS PO BOX 227 N 1/8
CITY-ST-ZIP SALEM FL

TITLE TD
NAME HALE, DON
STREET ADDRESS 1032 COMMERCIAL WAY
CITY-ST-ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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-06/27/95-01119-003
*****61.25 *****61.25

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Linda L. Young
Linda L. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95 (904) 332-4567
Date Daytime Phone #